Gunnedah District Hospital: Activity profiles, potentially avoidable admissions for COPD and CHF
July 2009 to June 2010

Total hospitalisations

Select medical hospitalisations

Total potentially preventable hospitalisations

Chronic Obstructive Pulmonary Disease (COPD) admissions

Congestive Heart Failure (CHF) admissions

Rates per 1,000 select medical hospitalisations

Gunnedah District Hospital: Patient profiles, potentially avoidable admissions for COPD and CHF
July 2009 to June 2010

Potentially avoidable COPD admissions

Potentially avoidable CHF admissions

Age profile (years)

Socioeconomic status (quintile of disadvantage)

Smoking status at admission

Aboriginal status

Rural postcode
Gunnedah District Hospital: Hospital stay profiles, potentially avoidable admissions for COPD and CHF
July 2009 to June 2010

<table>
<thead>
<tr>
<th></th>
<th>This period (2009-10)</th>
<th>Last period (2008-09)</th>
<th>Peer group (2009-10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>COPD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Unplanned</td>
<td>93%</td>
<td>94%</td>
<td>97%</td>
</tr>
<tr>
<td>% from ED</td>
<td>86%</td>
<td>75%</td>
<td>77%</td>
</tr>
<tr>
<td>CHF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Unplanned</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% from ED</td>
<td>94%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

COPD average length of stay in days

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1 days</td>
<td>4.4</td>
</tr>
<tr>
<td>2-5 days</td>
<td>6.7</td>
</tr>
<tr>
<td>6-10 days</td>
<td>5.8</td>
</tr>
</tbody>
</table>

CHF average length of stay in days

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1 days</td>
<td>5.3</td>
</tr>
<tr>
<td>2-5 days</td>
<td>5.4</td>
</tr>
<tr>
<td>6-10 days</td>
<td>6.7</td>
</tr>
</tbody>
</table>

Length of stay profiles

Gunnedah District Hospital: Total bed days, potentially avoidable admissions for COPD and CHF
July 2005 to June 2010 (monthly)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>COPD</td>
<td>250</td>
<td>247</td>
<td>475</td>
<td>402</td>
<td>187</td>
</tr>
<tr>
<td>CHF</td>
<td>117</td>
<td>188</td>
<td>143</td>
<td>126</td>
<td>79</td>
</tr>
</tbody>
</table>

Notes:
1. A hospitalisation corresponds to one ‘episode of care’. A single patient can have multiple hospitalisations in the time period.
2. Excludes hospitalisations for renal dialysis, obstetrics, psychiatry, and all surgery.
4. For criteria used for COPD / CHF admissions, see Technical Supplement at www.bhi.nsw.gov.au
5. Rates are directly standardised to the NSW admitted patient population 2009-10 on the basis of age, sex, and socioeconomic status.
6. Index of Relative Social Disadvantage (IRSD), as defined by the Australian Bureau of Statistics.
7. Smoking status as recorded on admission; termed current if patient smoked tobacco within last month; previous if patient smoked tobacco in the past but excluding last month.
8. We use the term Aboriginal, rather than Aboriginal and Torres Strait Islander in line with NSW Health usage, which recognises that Aboriginal people are the original inhabitants of NSW.
9. Postcode of usual residence at time of admission classified as outer regional or remote.
10. Admissions with emergency status of ‘non-emergency / planned’.

Note: Only records with valid and non-missing data are included in each analysis.

Additional detail and definitions can be found in the Bureau’s Technical Supplement at www.bhi.nsw.gov.au

Source: Admitted Patient Data Collection, Health Information Exchange, NSW Health. Data extracted on 28 February 2011.